FEMCAP CONSENT

Client Name

I understand that the FemCap works by covering the opening of the cervix and holding a sperm-killing cream or jelly (spermicide) in place. I understand that about 20-40% of women using the FemCap will become pregnant during the first year of use. I can increase the effectiveness of the cap by having my partner use condoms. The advantages of the FemCap include: It can be left in place for 48 hrs after sex. If I wish to discontinue use of this method, I just stop using it. If I do not wish to become pregnant, I must start using another method immediately.

I know that I need to do the following for the FemCap to work:

- Use it every time I have sex.
- Check to see that the cap is in place on the cervix before I have sex.
- Use spermicide with the cap.
- Leave the cap inside my vagina for at least 6 hours after the last time I have sex but for no longer than 48 hours.
- Check the cap before I use it before I use it to make sure it has no holes, cracks, weak spots or tears.

I understand that I should come back to the clinic and have the size of my FemCap checked after a pregnancy, an abortion or a miscarriage, or pelvic surgery. I understand that I should not use the FemCap during my period, when I have vaginal bleeding for any reason, or if I have unusual vaginal discharge or irritation.

I understand that problems or side effects of the FemCap include:

- Problems putting it in or taking it out.
- Allergy to the rubber or spermicide.
- Cap may come off during sex and I could get pregnant.
- Vaginal discharge, odor, or vaginal infections.

I understand that I should call the clinic immediately if I notice:

- Unusual vaginal discharge, itching, irritation, or frequent vaginal infections.
- Problems using the cap (falling off the cervix, pain, discomfort).
- Signs or symptoms of Toxic Shock Syndrome which include sudden high fever, vomiting, diarrhea, dizziness, sore throat and aching muscles or rash (like a sunburn).

This acknowledges that I have been given the opportunity to review the information on this and other methods of birth control. I understand the risks and benefits of each method. I have had the opportunity to ask questions, and have had them answered to my satisfaction.

Client's Signature Date Witness' Signature Date

INTERPRETER'S STATEMENT

I have translated the information and advice presented orally to the client who has chosen a FemCap. I have also read this consent to her in a language she understands and explained its content to her. To the best of my knowledge and belief she understands this explanation and voluntarily consents to the use of the FemCap.

Interpreter's Signature Date